

PATENT
ATTORNEY DOCKET NO.: MC1-7307

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Robertson, et al.

Confirmation No.: 4045

Application No.: 10/509,509

Examiner: Crystal Leach

Filing Date: 28 April 2005

Group Art Unit: 3737

Title: Medical Imaging Apparatus

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

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TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- ☒ Response/Amendment
☒ New fee as calculated below
☐ No additional fee
☐ Other: _____ (fee \$ _____)
- ☐ Request to extend time to respond
☐ Supplemental Declaration

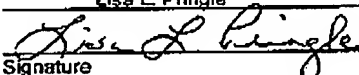
CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
FOR	CLAIMS REMAINING AFTER AMENDMENT	NUMBER EXTRA	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	21	MINUS	20	1	\$25.00	\$25.00
INDEP. CLAIMS	1	MINUS	0	0	\$100.00	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					\$180.00	
EXTENSION FEE	1ST MONTH \$120.00 <input type="checkbox"/>	2ND MONTH \$450.00 <input type="checkbox"/>	3RD MONTH \$1,020.00 <input type="checkbox"/>	4TH MONTH	\$1,590.00 <input type="checkbox"/>	
OTHER FEES						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$25.00

Charge \$ _____ to Deposit account 20-0090. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 20-0090 pursuant to 36 CFR 1.25. Additionally, please charge any fees to Deposit Account 20-0090 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.


CERTIFICATE OF MAILING (37 C.F.R. 1.8A)

I hereby certify that this correspondence is being transmitted to the Patent and Trademark Office facsimile number (571) 273-8300 on 29 May 2007.

Number of Pages: 21

Lisa L. Pringle

Signature

Respectfully submitted,

By 
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